


AMENDMENT TRANSMITTAL LETTER				Docket No. 2815-0444PUS1	
Application No. 10/623,150	Filing Date July 18, 2003	Examiner J. A. Dunston	Art Unit 1636		
Applicant(s): Anne M. HEEGAARD et al.					
Invention: METHOD FOR SCREENING COMPOUNDS FOR ACTIVITY IN TREATING AN OSTEOCLAST RELATED BONE DISEASE					
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	7	- 20 =	0	x 50.00	0.00
Independent Claims	2	- 3 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					460.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					460.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>460.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 MaryAnne Armstrong, Ph.D. Attorney Reg. No.: 40,069				Dated: <u>February 19, 2008</u>	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known	
		Application Number	10/623,150
		Filing Date	July 18, 2003
		First Named Inventor	Anne M. HEEGAARD
		Examiner Name	J. A. Dunston
		Art Unit	1636
		Attorney Docket No.	2815-0444PUS1
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	460.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							210
Multiple dependent claims							370
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							Multiple Dependent Claims Fee (\$) Fee Paid (\$)
<u>7</u> - 20 = _____ x _____ = _____							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
<u>2</u> - 3 = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____		= _____			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>1252 Extension for response within second month</u>							460.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	40,069
Name (Print/Type)	MaryAnne Armstrong, Ph.D.	Telephone	(703) 205-8000
		Date	February 19, 2008